STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1950, PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615) 741-1346• 1-800-342-1663 • FAX (615)741-5555

NED McWHERTER SCHOLARS PROGRAM - APPLICATION

Type or print in ink. All information must be provided in order to have your application processed. Applicants must have their official high school transcript with seven semesters and an official ACT or SAT test score sent to TSAC. **Application deadline is February 15 (Date application is received by TSAC).** NOTE: This scholarship is only for high school seniors seeking full-time attendance at accredited Tennessee institutions.

1. Name _____   2. Social Security No. _____
    Last   First   Middle

3. Birth Date _____   4. U.S. Citizen or National: ____ Yes ____ No
    Month   Day   Year

5. Permanent Home Address _____
    Street   City   State   Zip

6. Telephone (___)_____   7. Are you a resident of the State of Tennessee? ____ Yes ____ No

8. Sex ___ Male   9.   Race (check one) ___ Black American   ___ Oriental American
       ___ Female   ___ Caucasian   ___ Spanish American
                                             ___ Native American Indian ___ Other _____

10. County of Legal Residence _____   11. Driver's License Number and State

    _____

12. What composite score did you achieve on the qualifying test?   _____ ACT   _____ SAT

     NOTE: You must ensure that an official notice of your test scores in #12 is received by TSAC **no later than February 15** showing that you achieved at least 29 on the ACT or 1280 on the SAT. Such notice must either be on the high school transcript or by the testing agency's notice.

PARENT OR GUARDIAN INFORMATION

13. Is your parent or legal guardian a resident of Tennessee and a citizen or permanent resident of the United States?
    _____ Yes   _____ No

14. Parent's or Guardian's Name _____

15. Relationship to Applicant _____

16. Address _____
    Street   City   State   Zip

17. Parent's Home Phone Number (___)_____   Parent's Work Phone Number (___)_____

HIGH SCHOOL INFORMATION

18. Where will you receive your diploma? _____

Name of School

_____

School Address   City   State   Zip Code

_____   _____

High School Counselor Name   High School Counselor Phone Number

19.   When will you graduate from high school? _____

20.   What is your high school <u>unweighted</u> cumulative grade point average? _____

       NOTE: You must ensure that an official transcript showing your grades through the **<u>seventh semester</u>
       <u>or fall</u> semester** of your senior year is sent to TSAC by **February 15** showing that you achieved at least
       a 3.5 Cumulative Grade Point Average on a 4.0 scale for your application to be considered.

21.   Complete the attached Leadership Positions form. **Do not send a resume.**

<u>CERTIFICATION BY THE APPLICANT</u>

I understand that this application must be completed in full and submitted to TSAC by **February 15th** to be
considered. I realize that it must be supported by an official copy of my high school transcript which will
include the Fall semester of my senior year and my ACT or SAT score. I certify that I have read this
application in full and it is accurate and complete to the best of my knowledge. I agree to provide, if requested,
any other documentation necessary to verify such information. I authorize the educational institution to release
to TSAC or to its agents any information requested by such persons pertinent to this scholarship (i.e.,
enrollment status, current address, academic grades achieved, etc.). I affirm that any funds obtained as a result
of this application will be used solely for the expenses related to attendance at a Tennessee educational
institution. I further understand that, I will be eligible to receive the scholarship for more than one year, if I
maintain a 3.2 college grade point average as a full-time student.

_____   _____
SIGNATURE OF APPLICANT   DATE

<u>CERTIFICATION BY HIGH SCHOOL OFFICIAL</u>

I have reviewed the foregoing completed application. I certify, to the best of my knowledge, that all
information is accurate and complete.

_____   _____   _____
SIGNATURE OF SCHOOL OFFICIAL   TITLE   DATE

SA-0172 (Rev. 10/02)   RDA 2313
Ned McWherter Scholars Program – Question 21 – Leadership Positions
List all leadership activity and use the following codes to identify your leadership position.
P – President   S – Secretary   C – Captain   CH – Chair

V – Vice President **T – Treasurer** **CC – Co-Captain** **CCH – Co-Chair**
E – Editor **EC – Co-Editor**

Extracurricular Activity	Freshman	Sophomore	Junior	Senior
Student Body				
Class Officer				
School Clubs: List All				
Other School Activities: List All				
Community Organizations: List All				
Church Organizations: List All				
Eagle Scout: Check Year				
Gold Award (Girl Scout): Check Year				
Sports: List Sport and C or CC in Year				
Other: List Activity and Leadership				